

GRAND RAPIDS MEDICAL EDUCATION PARTNERS

The Guiding Ray: The Grand Rapids Radiology Residency Newsletter

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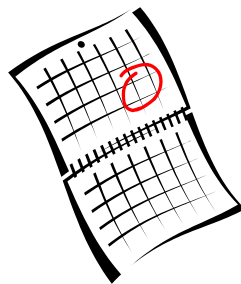
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A Word from the Program Director

Jay Harolds, Radiology Residency Director

The quality of the conferences and lectures given by the faculty have generally been excellent. Thank you all for your contributions.



We have received notification from the ACGME that our program site visit will be held on Wednesday, August 3, 2011. Please mark this important date on your calendar.



Honoring Faculty



Joe Junewick, MD

Joe has major administrative responsibilities in the radiology department, is the head of research in the radiology department and is also the education director. He did his fellowship in pediatric radiology at Children's Memorial Medical Center at Northwestern University.



Michael Doherty, MD

Michael is the educational director of vascular and interventional radiology. He completed residency at Mayo Graduate School of Medicine where he also completed a Fellowship in Vascular and Interventional Radiology.



Matthew Tiede, MD

Matt is a former resident here in Grand Rapids who completed medical school and an interventional fellowship at Wayne State University. He is the associate educational director for interventional radiology.

Professionalism

Some feel that professionalism is mainly a series of character traits such as integrity, or human qualities such as being caring and kind and gentle. However, professionalism includes aspects of all 6 of the ACGME's competencies:

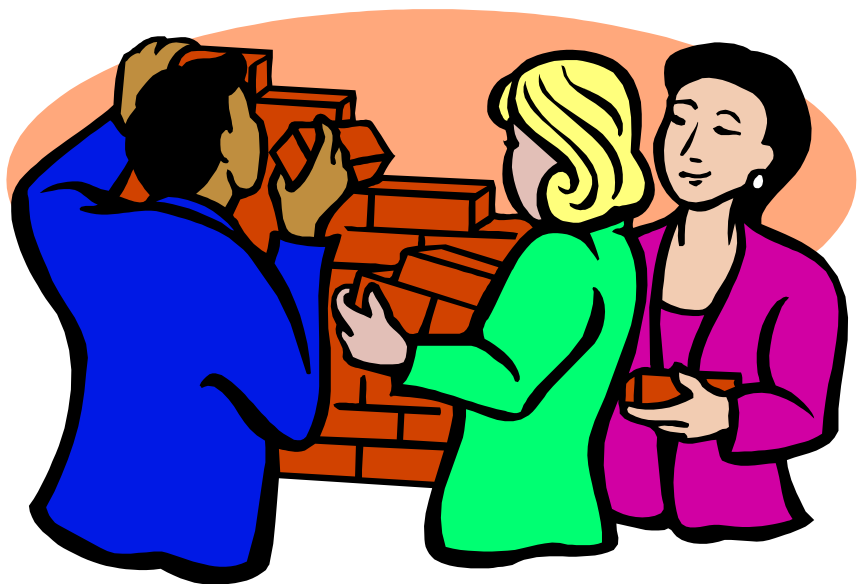
- "Patient Care-What we do
- Medical Knowledge-What we know
- Practice Based Learning and Improvement-How we get better
- Interpersonal and Communication Skills-How we interact
- Professionalism-How we behave
- Systems Based Practice-How we work in the health care system" (1)

Therefore, some feel that professionalism is not a large number of personality traits, but instead numerous skills and requirements that can be taught. (2) The authors of the latter article give multiple examples of excellent interactions of a medical doctor with organizations and people. They discuss a systems view of the behavior of a professional. For their "compassionate, respectful and collaborative" part of their schema, they include working advantageously with the multidisciplinary team, supporting financial incentives for physicians to have adequate patient contact, enhancing communication skills, and respect for the autonomy of the patient. For their category of "integrity and accountability" they include review by their peers, the establishing standards, analyzing the mistakes of themselves and others, having policies regarding conflict of interest, encouraging the culture of professionalism, respecting the confidentiality of patient communications, and disclosing errors. For their "pursuit of excellence" section they include activities to improve quality, research, lifelong learning, and following guidelines. For their category of "fair and ethical stewardship of health care resources" they include not having unnecessary tests, increasing efficiency, improving cultural competency, and not having unwarranted fluctuations in care.

Nevertheless, many people feel that certain aspects of professionalism are deeply rooted in character traits typically learned during adolescence and childhood. However, this can be altered by teaching, particularly by excellent role models. (3)

References:

- (1) <http://www.acgme.org/outcome/comp/compmin.asp>. Last accessed on February 27, 2011.
- (2) Lesser, CS, Lucey, CR, Egener, B, et al. A Behavioral and Systems View of Professionalism. *JAMA*. 2010; 304(24): 2732-2737.
- (3) Rohrich, RJ. Professionalism: The End Product of the Medical Profession. *Plastic and Reconstructive Surgery Journal*. November 2006. 1487-1488.



ACGME Competencies



The ACGME requires training in all 6 of the competencies. Two special skills labs were held in February that were videoed. In the first, one resident did role playing of a resident delivering bad news about a very severe contrast reaction of a patient to another resident who played the parent.

In the second lab, residents were assigned roles as individuals in a committee meeting discussing the future allocation of space in the old pediatric radiology area. The roles assigned included representatives from various administrative sections of the hospital, plus radiology and OBGYN. There were several confederates who were secretly told to exhibit highly disruptive behavior, to see how the other residents handled it.

Two of our residents deserve awards for their performance in the latter scenario. The labs sharpened the residents skills and sensitivity to a variety of situations they might encounter. Most of the competencies were involved in one way or another. Also, the ACGME specifically asks if videos are used as part of the learning/evaluation process.

GRMEP Research Day Award Winners



Radiology Presentation 1st Place

Indu Rekha Meesa MD, MS, Andrew Hoff MD, Chris Meeusen MSIV, Matthew McElliot BS, Robert Beckmann MSI, Ryan Daro MSI, Alyssa A Blumer MSI, Joseph Junewick MD, Charles Luttenton MD. *Incidence of Pulmonary Emboli on Chest CTA in Inpatient, Outpatient, and ED Settings.*

Radiology Presentation 2nd Place

Saima Ghori MD, Andrew Olsen MD, S. Jemar Boynton MD, David Whalen MD, Chad Williams MD. *Emergency Department Brain & Cervical Spine CT Imaging Utilization in the Setting of Minor Trauma.*



Program Improvements

The first evaluation of the residency and quality improvement plan resulted in a variety of improvements including:

- a. The Johns Hopkins weekly webcast. This likely will be increased to two per week the next academic year. Between the webcasts and the lectures we give here, the residents have an outstanding series of live presentations.
- b. Numerous lectures in the ACGME competencies such as in negotiations, teams, leadership, the business of radiology, professionalism, etc.
- c. Hands on skills labs in ultrasound to start in March, with labs in various other subjects to follow.
- d. Introductory comment sheets for the residents to make sure they are doing what the faculty wants in regard to the list and frequency of check outs.
- e. New goals and objectives for all of the rotations, filling up an entire 3 ring binder.
- f. Web site enhancements added with more to come.
- g. Responses for the Program Information Form for the ACGME inspection has been written.
- h. A molecular imaging monthly webcast is expected starting in September.
- i. A mini retreat was held and a daylong retreat is being planned.
- j. A new rotation in MR at St. Mary's has been added.
- k. The Newsletter has been established to improve communications.
- l. Faculty evaluations by the residency director are being written.
- m. Most of the members of a core faculty group have been identified.
- n. Establishment of a radiology interest group in the medical school.
- o. Having the GU rotation at St. Mary's be redefined
- p. Improvements in ultrasound training.
- q. Expected to more frequently have the radiology faculty and residents next to one another in the read-out areas.
- r. A new spread sheet on the clinical productivity of each resident by month and type of study.



In order to continue making improvements and in preparation for our accreditation site visit, the program will undergo an administrative review from members of the Graduate Medical Education office at GRMEP. This will include a meeting between the residents and faculty with members of the GME team. It may also include survey evaluations.

I am very interested in getting feedback from the faculty on the evaluation forms for faculty, residents, and rotations in New Innovations. We can certainly make changes. We are planning a new series of evaluations which will be specific to the rotation and the year of training, as the ACGME wants. This is to be ready by the beginning of the next academic year. I continue to be interested in having consensus faculty evaluations for residents on rotations, for greater accuracy.

Resident Expectations

Early on in the residency I wrote up a standard set of introductory questions for the residents to ask to make sure they were fulfilling faculty expectations. This included whether it was desired for the resident to protocol cases, whether the faculty wanted help in preparing interdisciplinary conferences, how many times to be checked per day, what kind of cases to read from the list, and some tips for the check out. Some comments to make the check out smoother and more educationally beneficial have been reemphasized and new ones added in an additional paragraph given to them and reproduced below:

There are some things to keep in mind before checking cases which should result in the check out process being smoother and more educationally beneficial:

1. Please review the history carefully. If it does not make sense with the exam ordered, look even more carefully at the history for clues as to why the study was done.
 2. Please review the case carefully.
- Please know the relevant anatomy expected for a resident at your stage. Pretend you are a first year surgical resident. Would you go into the operating room without knowing the anatomy even though you are not the attending surgeon? Similarly, you need to know the anatomy to do well on the radiographic case, and your attending may ask you questions about the anatomy.
 - Please look at the relevant prior studies. If reading a CT of the chest, this may mean looking at some prior CT's and chest x-rays for example. Even if there is no prior CT of the chest there may be a CT of the abdomen or neck which may include part of the area of interest. Perhaps there are other studies as well, such as an arteriogram or MR or a thoracic spine plain radiographic study or a rib study which might show the area of interest.
 - Pretend you are a board certified radiologist and no one will see the case but you, and you are discussing the case with the referring physician. Mentally commit to your findings or your areas of uncertainty before checking the case out with the radiology faculty.

Supervision

The ACGME is requiring new supervision guidelines for the residents by July 1, 2011. The ACGME definition of each type of supervision is as follows:

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision – the supervising physician is physically present with the resident and patient.

Indirect Supervision: 1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. 2) with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

We are in the process of developing supervision guidelines for the services for various types of procedures, and it would be helpful for all of the educational directors and chiefs of the subspecialties to work on this to make sure it is a reasonable and helpful document for training and patient care.

Faculty Development

The Grand Rapids Medical Education Partners Graduate Medical Educational Committee has created a subset of members to participate in a Faculty Development Committee. Over the past few months, this committee has used the ACGME requirements as the basis for drafting faculty development participation expectations for faculty who teach in GRMEP residencies and fellowships. The Radiology Program created a document that outlines faculty development domains, goals for each domain, and potential activities to fulfill goals. We recognize that there are a lot of questions regarding this ACGME requirement so the goal was to give you examples to see that a number of activities that you are already doing are indeed faculty development. In upcoming newsletters, we will highlight each domain.

The featured domain this month is Competency-Based Education. The goal of this domain is to integrate the ACGME Competency-based Graduate Medical Education principles (Patient Care, Medical Knowledge, Professionalism, Interpersonal & Communication Skills, Practice-Based Learning & Improvement, and Systems-Based Practice) into teaching. Activity options and resource suggestions are listed below:

Activity Options	Resource Suggestions
<p>ACGME Educating Physicians for the 21st Century Introductory Online Module http://www.acgme.org/outcome/e-learn/introduction/index.html</p> <p>Program-initiated presentations and faculty meetings</p> <p>Annual “Excellence in Clinical Teaching” series and other conferences that cross over all competencies:</p> <ul style="list-style-type: none"> • Patient Safety Programs • Multiculturalism • Inter-professionalism • Informatics <p>PGY competency and objective guided teaching</p> <p>Residency program Faculty Development series that follows up on ECT series</p>	<p>ACGME Outcome Project Resources: http://www.acgme.org/Outcome/</p> <p>Educational modules. Examples include:</p> <ul style="list-style-type: none"> • LIFE Curriculum • IHI Open School Modules <p>GME-TODAY</p> <p>GRMEP .DOC Faculty Development Newsletter: http://www.grmep.org/cme-faculty-development/faculty-development-newsletter.html</p> <p>Specialty organizations and societies</p>

Additional domains will be shared in further editions of this newsletter. Also a full listing will be shared with all faculty members via email. Please let Dr. Harolds know if you have suggestions.

Featured Residents

We are privileged to have outstanding radiology residents here. In each Newsletter, we will feature some biographical sketches of several residents. In this issue, we will feature our senior radiology residents, who are familiar faces in the department and will be graduating in 2011.



Samuel Jemar Boynton came to GRMEP from Riverside, California. Although he was born on the east coast, he has lived in the Southern California area since he was 5 years old and considers himself a California native. He is the eldest of three children and the son of a minister and a school psychologist. Jemar enjoys travelling and learning about other cultures. Although travel opportunity has been limited, he has been to various countries in Europe, Northern Africa and South America. His favorite locations include Rio de Janeiro, Brazil, for the vibrancy of the people and natural beauty; and Seville, Spain, for the cathedrals and flamenco culture. Other pastimes Jemar enjoys when he is not at work or studying include playing piano, sketching, visiting with friends, ballroom dancing, and watching historical documentaries. Being a cat lover, he owns a pedigree

American Curl named Sibylla. Overall, Jemar has had a pleasurable experience in Grand Rapids, and will miss the beautiful summers and the special Midwestern charm of the people who live here. (Predictably, he will not miss the winters at all.) Upon finishing residency he'll complete a fellowship in cardiothoracic imaging at the Mayo Clinic in Rochester, MN.

Doug Lukins is from Indianapolis, Indiana and attended Wabash College for undergrad followed by Indiana University School of Medicine. He married Cheryl in June 2010 after four years of long distance dating between Grand Rapids and Atlanta, where she was a medical student. Cheryl is currently a Transitional Year intern. At the end of June, they are moving to Atlanta, GA to continue training at Emory University. Doug in a fellowship in Neuroradiology and Cheryl in a residency in Anesthesiology. They have had other big changes in the past year, including taking over custody of their niece, Alayna, who is now 4 years old. They have two dogs, Euclid (a beagle mix) and Greta (a great dane - still a puppy). As a family, they enjoy going on walks, cooking, and going swimming at the lake. Doug has recently taken up skeet and trap shooting (clay pigeons) with a shotgun, which has been a nice way to relieve stress leading up to oral boards! Doug wants to say thank you to everyone who has contributed to my education over the years. It has been a great experience.



Matt Ripplinger completed medical school at the University of Nevada in 2006. He and his wife Maggie moved from Las Vegas (his hometown) to Grand Rapids, arriving with two kids, Adam and Kaitlyn. Two more girls (Raquel and Sierra) and a boy (Tyler) later, theirs is a busy household. They love doing things together like playing in the yard and reading books (The Hobbit, and The Hitchhiker's Guide to the Galaxy). Outside of their work, Matt loves home improvement (e.g., a fence, sprinkler system, and a shed), and Maggie loves painting and getting a break from the busyness of full-time motherhood. They are moving to Washington DC in June for a Body Fellowship at George Washington University Hospital. Matt is grateful to the wonderful staff and attendings of Kent and ARS for 4 years of excellent training.